

STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
JUDICIAL DISTRICTORDER TO REMIT PRISONER FUNDS FOR  
FINES, COSTS, AND ASSESSMENTS

CASE NO.

Court address

Court telephone no.

TO:  Institution name and addressTHE PEOPLE OF ☐ STATE OF MICHIGAN☐ \_\_\_\_\_

v

Defendant's name

Prisoner no.

DOB

SID

## THE COURT FINDS:

1. The defendant owes a balance of \$ \_\_\_\_\_, **not including restitution** which is collected by the Department of Corrections in accordance with MCL 791.220h, for the obligation ordered in the judgment of sentence or other order dated \_\_\_\_\_ . **(copy of judgment of sentence or order attached).**

## IT IS ORDERED:

2. For payment toward the obligation, the Department of Corrections shall collect 50% of all funds received by the defendant over \$50.00 each month.
3. If the amount withheld at any one time is \$100.00 or less, the Department of Corrections shall continue collecting funds from the defendant's prisoner account until the sum of the amounts collected exceeds \$100.00, at which time the Department of Corrections shall remit that amount to this court to ☐ the address above. ☐ the following address:
4. Withdrawal from the defendant's prisoner account and remittance to this court shall continue until the obligation is paid in full. If the defendant transfers to a facility at which an institutional account is not maintained, or if the defendant is paroled, discharged, or dies, any withheld funds shall be remitted to this court.

\_\_\_\_\_  
Date\_\_\_\_\_  
Judge\_\_\_\_\_  
Bar no.

## CERTIFICATE OF MAILING

I certify that on this date I served copies of this order on the warden or supervisor of the facility where the prisoner is incarcerated and on the prisoner by ordinary mail at the above address.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature